

<i>SERFF Tracking Number:</i>	<i>UTAC-126585192</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45418</i>
<i>Company Tracking Number:</i>	<i>ALLY CANCER AR</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>ALLY CANCER</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: ALLY CANCER

SERFF Tr Num: UTAC-126585192 State: Arkansas

TOI: H07I Individual Health - Specified Disease - Limited Benefit
 SERFF Status: Closed-Approved- Closed
 State Tr Num: 45418

Sub-TOI: H07I.002A Dread Disease - Cancer Only
 Co Tr Num: ALLY CANCER AR
 State Status: Approved-Closed

Filing Type: Rate

Author: Naz Melyas

Reviewer(s): Rosalind Minor

Date Submitted: 04/14/2010

Disposition Date: 04/20/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 20%

Group Market Type:

Filing Status Changed: 04/20/2010

Explanation for Other Group Market Type:

State Status Changed: 04/20/2010

Deemer Date:

Created By: Naz Melyas

Submitted By: Naz Melyas

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective upon the state insurance department approval and in accordance with state policyholder notification requirements

This filing applies to all new and in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

SERFF Tracking Number: UTAC-126585192 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 45418

Company Tracking Number: ALLY CANCER AR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: ALLY CANCER

Project Name/Number: /

If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 1595 or at nmelyas@gafri.com. Our fax number is 512-451-1399.

Company and Contact

Filing Contact Information

Naz Melyas, Actuarial Analyst
11200 Lakeline Boulevard #100
Austin, TX 78717

NMelyas@gafri.com
866-459-4272 [Phone] 1595 [Ext]

Filing Company Information

Loyal American Life Insurance Company
11200 Lakeline Blvd., Suite 100

CoCode: 65722
Group Code: 84

State of Domicile: Ohio
Company Type: Insurance Company

P.O. Box 559004
Austin, TX 78755-9004
(800) 633-6752 ext. [Phone]

Group Name:
FEIN Number: 63-0343428

State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? Yes

Fee Explanation: OH fee schedule

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$50.00	04/14/2010	35654335

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/20/2010	04/20/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/19/2010	04/19/2010	Naz Melyas	04/19/2010	04/19/2010

SERFF Tracking Number:	UTAC-126585192	State:	Arkansas
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Disposition

Disposition Date: 04/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 15% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	20.000%	20.000%	\$31,838	302	\$159,187	20.000%	20.000%

SERFF Tracking Number: UTAC-126585192 State: Arkansas

Filing Company: Loyal American Life Insurance Company State Tracking Number: 45418

Company Tracking Number: ALLY CANCER AR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: ALLY CANCER

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Current and Proposed Rates	Approved-Closed	No
Rate	Current and Proposed Rates - 15%	Approved-Closed	Yes

SERFF Tracking Number: UTAC-126585192 State: Arkansas
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TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: ALLY CANCER
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/19/2010
Submitted Date 04/19/2010

Respond By Date

Dear Naz Melyas,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to Department.

The majority of the companies have been filing rate increases in excess of 15% on specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to substantial increases in past years and/or the impact that another increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/19/2010
Submitted Date 04/19/2010

Dear Rosalind Minor,

SERFF Tracking Number: UTAC-126585192 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 45418
 Company Tracking Number: ALLY CANCER AR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: ALLY CANCER
 Project Name/Number: /

Comments:

Thank you for your correspondence on this filing. We will accept 15%.

Response 1

Comments: Revised Rates have been attached.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to Department.

The majority of the companies have been filing rate increases in excess of 15% on specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to substantial increases in past years and/or the impact that another increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Current and Proposed Rates - 15%	L-3464	New	Previous State Filing Number	

0

State: *Arkansas*

State Tracking Number: 45418

Sub-TOI: H07I.002A Dread Disease - Cancer Only

Sub-TOI: H07I.002A Dread Disease - Cancer Only

Please let me know if you have any questions.

Sincerely,
Naz Melyas

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	25.000%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Loyal American Life Insurance Company	20.000%	20.000%	\$31,838	302	\$159,187	20.000%	20.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 04/20/2010	Current and Proposed Rates - 15%	L-3464	New		Exhibit 4 - Current and Proposed Rates 15%.pdf

Loyal American Life Insurance Company

Rates 01-01-2008

Arkansas

Individual

Base, L-3464	Issue Age	UNITS				
		100	150	200	250	300
	18-39	169.22	191.83	214.42	237.03	259.61
	40-54	253.78	287.69	321.57	355.47	389.37
	55-69*	380.86	431.64	482.42	533.20	583.98
	70-79*	467.19	553.52	639.84	726.17	812.50
Hospital Intensive Care Rider, L-3597	18-39	42.53	63.60	84.68	105.75	126.83
	40-54	63.60	95.35	127.08	158.82	190.55
	55-69*	95.85	143.83	191.83	239.81	287.81
First Occurrence Rider, L-3636 Level	18-39	11.17	15.49	19.80	24.12	28.44
	40-54	16.76	23.23	29.71	36.18	42.66
	55-69*	25.39	35.29	45.20	55.10	65.00
First Occurrence Rider, L-3636 Increasing	18-39	16.76	23.24	29.72	36.18	42.66
	40-54	25.39	35.30	45.20	55.11	65.00
	55-69*	38.09	52.93	67.80	82.65	97.50
Specified Disease Rider, L-3598	18-39	22.61	27.54	32.50	37.46	42.41
	40-54	34.02	41.01	48.00	54.97	61.95
	55-69*	50.90	61.45	71.99	82.53	93.05

Family

Base, L-3464	Issue Age	UNITS				
		100	150	200	250	300
	18-39	265.20	301.90	338.59	375.27	411.96
	40-54	397.88	452.85	507.81	562.78	617.76
	55-69*	598.20	679.96	761.72	843.48	925.23
	70-79*	731.25	865.82	1000.39	1134.96	1269.53
Hospital Intensive Care Rider, L-3597	18-39	67.66	101.56	135.46	169.37	203.25
	40-54	101.56	152.34	203.13	253.91	304.69
	55-69*	152.34	228.52	304.69	380.86	457.03
First Occurrence Rider, L-3636 Level	18-39	17.27	24.12	30.98	37.83	44.69
	40-54	25.39	35.29	45.20	55.10	65.00
	55-69*	39.48	54.97	70.46	85.95	101.44
First Occurrence Rider, L-3636 Increasing	18-39	27.04	37.58	48.12	58.66	69.18
	40-54	40.89	57.14	73.39	89.64	105.89
	55-69*	59.29	83.28	107.27	131.28	155.27
Specified Disease Rider, L-3598	18-39	35.43	43.16	50.90	58.66	66.40
	40-54	53.58	65.77	77.70	89.64	101.56
	55-69*	80.50	97.38	114.26	131.14	148.04

Loyal American Life Insurance Company

Proposed Rates

Arkansas

Individual

Base, L-3464	Issue Age	UNITS				
		100	150	200	250	300
	18-39	194.61	220.61	246.58	272.58	298.56
	40-54	291.85	330.84	369.80	408.79	447.78
	55-69*	437.99	496.39	554.79	613.18	671.58
	70-79*	537.27	636.54	735.82	835.10	934.38
Hospital Intensive Care Rider, L-3597	18-39	48.91	73.14	97.39	121.61	145.86
	40-54	73.14	109.65	146.14	182.65	219.13
	55-69*	110.23	165.41	220.61	275.78	330.98
First Occurrence Rider, L-3636 Level	18-39	12.85	17.81	22.78	27.74	32.70
	40-54	19.27	26.72	34.16	41.61	49.05
	55-69*	29.20	40.59	51.97	63.36	74.75
First Occurrence Rider, L-3636 Increasing	18-39	19.27	26.72	34.17	41.60	49.05
	40-54	29.20	40.60	51.97	63.37	74.75
	55-69*	43.80	60.87	77.97	95.05	112.13
Specified Disease Rider, L-3598	18-39	26.00	31.68	37.38	43.07	48.77
	40-54	39.13	47.16	55.20	63.21	71.25
	55-69*	58.54	70.66	82.79	94.91	107.01

Family

Base, L-3464	Issue Age	UNITS				
		100	150	200	250	300
	18-39	304.98	347.19	389.38	431.56	473.75
	40-54	457.56	520.77	583.98	647.19	710.43
	55-69*	687.93	781.96	875.98	970.00	1064.02
	70-79*	840.94	995.69	1150.45	1305.21	1459.96
Hospital Intensive Care Rider, L-3597	18-39	77.81	116.80	155.78	194.77	233.73
	40-54	116.80	175.20	233.59	291.99	350.39
	55-69*	175.20	262.79	350.39	437.99	525.59
First Occurrence Rider, L-3636 Level	18-39	19.86	27.74	35.62	43.51	51.39
	40-54	29.20	40.59	51.97	63.36	74.75
	55-69*	45.40	63.22	81.03	98.84	116.65
First Occurrence Rider, L-3636 Increasing	18-39	31.09	43.21	55.34	67.46	79.56
	40-54	47.02	65.71	84.40	103.08	121.77
	55-69*	68.19	95.77	123.36	150.97	178.56
Specified Disease Rider, L-3598	18-39	40.74	49.64	58.54	67.46	76.36
	40-54	61.62	75.64	89.35	103.08	116.80
	55-69*	92.57	111.98	131.40	150.81	170.24